

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90085 044 ***150.00

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1. Entity Name
MID-AMERICA INSURANCE SERVICES, INC.



Principal Place of Business
**307 WEST 7TH STREET
SUITE 400
FT. WORTH, TX 76102 US**

Mailing Address
**300 ST PAUL PLACE
BALTIMORE, MD 21202 US**

94029357



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1664363

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
WATSON, CHRISTOPHER E
388 GREENWICH ST, 21ST FLOOR
NEW YORK, NY 10013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
INGBER, A L
75 HOLLY HILL LANE
GREENWICH, CT 06803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
ZIEGLER, KENT W
388 GREENWICH ST, 21ST FLOOR
NEW YORK, NY 10013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TM
JONES, JOHN I
300 ST. PAUL PLACE
BALTIMORE, MD 21202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BANTIS, SPIRO K
388 GREENWICH ST, 21ST FLOOR
NEW YORK, NY 10013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FRITTS, SCOTT
388 GREENWICH ST, 21ST FLOOR
NEW YORK, NY 10013**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John I Jones 3/3/04 (410) 392-3000
Jap Manager